



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$26700959 |
| Outpatient Patient Service Revenue | \$187033220 |
| Total Gross Patient Service Revenue | \$213734179 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$143913488 |
| Other Deductions | \$-600884 |
| Total Deductions | \$143312604 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$70421575 |
| Other Operating Revenue | \$1096579 |
| Total Operating Revenue | \$71518154 |

4. Operating Expenses

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|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$15326052 | Employee Benefits | \$3523206 |
| Depreciation and Amortization | \$1504846 | Interest Expense | \$16399 |
| Bad Debt | \$5170856 | Other Expenses | \$35102674 |
| Total Operating Expenses | \$60644033 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$10874121 | Total Assets | \$64240894 |
| Net Non-operating Gains over Loss | \$519815 | Total Liabilities | \$64240894 |

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|-----------------|------------|
| Total Net Gains | \$11393936 |
|-----------------|------------|

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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$114075186 | \$88735581 | \$25339605 |
| Medicaid | \$34384542 | \$27169886 | \$7214656 |
| Other Government | \$4290074 | \$2931292 | \$1358782 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$60984377 | \$29646701 | \$31337676 |
| Total | \$213734179 | \$148483460 | \$65250719 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$3435 | \$-3435 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$55688 | \$-55688 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 155 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$3624556 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$895990 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$895990 | \$-895990 |
| Medicaid Shortfalls | \$7455984 | \$10738920 | |
| Subtotal | \$7455984 | \$11634910 | \$-4178926 |
| DSH Payments | \$0 | | |
| Subtotal | \$7455984 | \$11634910 | \$-4178926 |
| Medicare Shortfalls | \$21302023 | \$21444324 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$28758007 | \$33079234 | \$-4321227 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$76334 | \$-76334 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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